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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157

Co. Registrar's No. 106

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Carmen Flores — Born Alive: YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female | Twin, ~~Triplet or other~~ | and | Number in order of birth 5 | Legitimate? yes | Date of Birth Feb. (Month) 18 (Day) 1921 (Yr.)

FATHER		MOTHER	
Full Name	Aurelio Flores	Full Maiden Name	Rosa Johnson
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	29 Years	Age at last Birthday	23 Years
Birthplace	Guanajuato, Mexico	Birthplace	Tularosa, New Mexico
Occupation	Carpenter	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 5 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb. 18, 1921, at 1:20 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Cyril M. Crow M.D.

Attending physician, ~~midwife, householder~~.*

Address Miami, Arizona

Given or Christian name added from a supplemental report ..... 191..

Filed Feb 28 1921

B. M. Hardy M.D.

LOCAL REGISTRAR.

362-218-915

COUNTY REGISTRAR.

Filed Mar 7 1921

A True Copy

B. G. Fox

COUNTY REGISTRAR.

... or each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.